

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

4109

State File No. 835  
Registrar's No. 835

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 390 East Hermosa  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none; In Community 18 years In Arizona 55 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima (c) City or Town Tucson  
(If outside city limits also write RURAL)  
(d) Street No. 390 East Hermosa (e) Citizen of foreign country (Yes or No) no  
(f) If yes, which country none (c) Social Security No. ---

3. (a) FULL NAME OWEN C. WILSON

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced married  
White ☐ Indian ☐ Negro ☐ Oriental ☐ White

6. (b) Name of husband or wife Genevieve 6. (c) Age of husband or wife, if alive 47 yrs.

7. Birthdate of deceased March 17, 1880  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 12 If less than one day  
hrs. min.

9. Birthplace --- Texas  
(City, town or county) (State or Country)

10. Usual Occupation Cattleman

11. Industry or Business Agriculture

12. Name John R. Wilson  
13. Birthplace --- Missouri  
(City, town or county) (State or Country)

14. Maiden Name no record  
15. Birthplace no record  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Genevieve Wilson  
(b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal burial  
(b) Place So. Lawn Cem. (c) Date 8-2-48

18. (a) Embalmer's Signature Duane W. Lytle  
(b) Funeral Director Verna E. Yocum  
(c) Address Arizona Mortuary, Inc.

19. (a) 8-2-48 (Date received local Registrar)  
(b) [Signature] (Registrar's Signature)

40M-100% Reg-6-18-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 29, 1948  
TIME (Hour and minute) 3:50 P.M.

21. I hereby certify that I attended the deceased from seen after death, 1948,  
that I last saw him alive on ---, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to ---

Other conditions ---  
(Include pregnancy within three months of death)

Major findings:  
Of operations ---

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? (City or Town) (County) (State) ---

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) ---

While at work? (e) Means of injury ---

23. Signature [Signature] M.D.  
Address 20 E. Ochoa St. Date signed 7-30-48  
Tucson Ariz.

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically